

# STANDARD CERTIFICATE OF DEATH

State File No. ....

13332

FILED APR 27 1953  
 BIRTH NO. ... REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 472

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (in this place) 50 yrs		d. STREET ADDRESS (If rural, give location) 723 So. 11th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Duncan Nursing Home			

3. NAME OF DECEASED (Type or Print) IDA		a. (First) b. (Middle) c. (Last) LAPREVOTE		4. DATE OF DEATH (Month) (Day) (Year) Apr. 15 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 3-18-1882	9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own Home		11. BIRTHPLACE (State or foreign country) Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME August Frenzel		13b. MOTHER'S MAIDEN NAME Arninta Courter		14. NAME OF HUSBAND OR WIFE unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Welfare Board St. Joseph Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Arteriosclerosis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Unknown  Ukn.  "	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov. 1 19 52 to Apr. 15 1953, that I last saw the deceased alive on April 14 1953, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sharon E. Wagner M.D.		23b. ADDRESS 301 Illinois Ave. So. St. Joseph Mo.		23c. DATE SIGNED 4-17-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 20 1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Missouri	

DATE REC'D BY LOCAL REG. April 24, 1953		REGISTRAR'S SIGNATURE Esther M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Charles E. Bennett*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4627*

P. O. Address *St. Joseph Mo*

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.